FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OMB APPROVAL

QMB Number: 3235-0076
Expires: May 31, 2005

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

SEC USE ONLY
Prefix Serial
DATE RECEIVED

	JRM LIMITED OFFERING EXEMI	ATION
Name of Offering (check if this is an amen Common and Preferred Stock	dment and name has changed, and indicate change.)	
	Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
	A. BASIC IDENTIFICATION DATA	(86) 1118 (86) 31618 (80) 11011 (80) 11018 (80) 11018 (80)
1 Provide information and about the in-		
1. Enter the information requested about the iss		
Name of Issuer (check if this is an amendment Gateway Access Solutions, Inc.	ent and name has changed, and indicate change.)	04011475
Address of Executive Offices 930 Tahoe Boulevard, 802-505	(Number and Street, City, State, Zip Code) Incline Village, NV 89451	Telephone Number (Including Area Code) 800-434-5626
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Wireless Broadband Solutions		PROCESSE
123 ·	ited partnership, already formed other (p	lease specify): MAR 11 2004
	Month Year anization: 0 5 0 1	
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of s 77d(6).	ecurities in reliance on an exemption under Regulation D c	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
and Exchange Commission (SEC) on the earlier o	an 15 days after the first sale of securities in the offering. If the date it is received by the SEC at the address given be ed States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Co	mmission, 450 Fifth Street, N.W., Washington, D.C. 20:	549.
Copies Required: Five (5) copies of this notice mphotocopies of the manually signed copy or bear	nust be filed with the SEC, one of which must be manuall typed or printed signatures.	y signed. Any copies not manually signed must be
	n all information requested. Amendments need only repoints material changes from the information previously suppl	
Filing Fee: There is no federal filing fee.		·
ULOE and that have adopted this form. Issuers are to be, or have been made. If a state requires	the Uniform Limited Offering Exemption (ULOE) for some relying on ULOE must file a separate notice with the South state as a precondition to the claim for a lin the appropriate states in accordance with state law.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
	ATTENTION —	
	states will not result in a loss of the federal ex alt in a loss of an available state exemption unle	

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

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A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter X Beneficial Owner X Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Nester, Andrew C. Business or Residence Address (Number and Street, City, State, Zip Code) Post Office Box 4138 Incline Village, NV 89450 Check Box(es) that Apply: Promoter X Director General and/or Managing Partner Full Name (Last name first, if individual) Pappas, Peter J. Business or Residence Address (Number and Street, City, State, Zip Code) 4 Butternut Dr. Norwich, CT 06360 Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Poler, S. Mark Business or Residence Address (Number and Street, City, State, Zip Code) 8 Millwood Dr. Danville, PA 17821 Check Box(es) that Apply: Promoter | Beneficial Owner | Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Trantalis, Elaine J. Business or Residence Address (Number and Street, City, State, Zip Code) 11 Taylor Dr. Norwich, CT 06360 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Hess, Fred W. Business or Residence Address (Number and Street, City, State, Zip Code) 10 Millwood Drive. Danville, PA 17821 Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	B. INFORMATION ABOUT OFFERING												
1.	3									Yes	No		
		,		Ans	wer also in	Appendix,	, Column 2	, if filing ι	ınder ULO	E.			
2.	What is	the minim	um investm	nent that w	ill be acce	pted from a	ıny individ	ual?				\$ <u>600</u>	
3.	Does th	e offering	permit join	t ownershi	p of a sing	le unit?		•••••	•••••	••••••••		Yes X	No
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	ll Name (Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (N	lumber and	I Street, Ci	ty, State, Z	Cip Code)				3 (3) 2 (3) 3 (4) 3 (4) 3 (4) 4 (4)	- 14 Marie - 100 -	
Na	me of As	sociated Br	oker or De	aler									
Sta	ites in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				☐ All	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	ll Name (Last name	first, if indi	ividual)	.,							· · · · · · · · · · · · · · · · · · ·	
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Na	me of As	sociated Bi	oker or De	aler							J		
Sta	ates in Wi	nich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers		r				
	(Check	"All States	s" or check	individual	States)				•••••			☐ All	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	ll Name (Last name	first, if ind	ividual)								. "	
Bu	Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check "All States" or check individual States)									☐ AI	1 States		
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity		\$790,518
	☐ Common ☐ Preferred	Ψ1,000,000	<u> </u>
	Convertible Securities (including warrants)	\$	
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indit the number of persons who have purchased securities and the aggregate dollar amount of t purchases on the total lines. Enter "0" if answer is "none" or "zero."	cate	Annanta
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	18	\$ 587,857
	Non-accredited Investors	30	\$ <u>202,661</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securs sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C — Question	the	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the instant The information may be given as subject to future contingencies. If the amount of an expendituent known, furnish an estimate and check the box to the left of the estimate.	ırer.	
	Transfer Agent's Fees] \$
	Printing and Engraving Costs] \$
	Legal Fees	🛚	\$ <u>20,000</u>
	Accounting Fees] \$
	Engineering Fees] \$
	Sales Commissions (specify finders' fees separately)] \$
	Other Expenses (identify)] \$
	Total		\$ 20,000

	b. Enter the difference between the aggregate and total expenses furnished in response to Part proceeds to the issuer."	C - Question 4.a. This difference is	the "adjusted gross	\$ <u>770,518</u>
5.	Indicate below the amount of the adjusted gro each of the purposes shown. If the amount is check the box to the left of the estimate. The to proceeds to the issuer set forth in response to	or any purpose is not known, furni otal of the payments listed must equa	sh an estimate and	
			Payments to Officers, Directors, & Affiliates	
	Salaries and fees		\$ <u>91,450</u>	🗆 \$
	Purchase of real estate		\$	_ 🗆 \$
	Purchase, rental or leasing and installation o			[]\$
	Construction or leasing of plant buildings an	d facilities	\$	
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	e assets or securities of another		□\$
	Repayment of indebtedness			
	Working capital			\$ 679,068
	Other (specify):		-	
	Column Totals		§ <u>91,450</u>	∑ \$679,068
	Total Payments Listed (column totals added)	l		770,518
		D. FEDERAL SIGNATUI	RE	
sig	e issuer has duly caused this notice to be signed nature constitutes an undertaking by the issuer information furnished by the issuer to any no	to furnish to the U.S. Securities and	Exchange Commission, upon writ	
Iss	uer (Print or Type)	Signature	Date 3	///
Ga	ateway Access Solutions, Inc.		3/1	104
Na	me of Signer (Print or Type)	Title of Signer (Print or Typ	pe)	
An	drew C. Nester	President		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 p provisions of such rule?								
	. Sec	Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.								
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
	ner has read this notification and knows the con	ents to be true and has duly caused this notice	o be signed on its behalf by the undersigned						
Issuer (Print or Type)	Signature	Date 5						
Gatew	ay Access Solutions, Inc.		3/1/04						
Name (I	Print or Type)	Title (Print or Type)							
Andre	ew C. Nester	President							

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX									
1	Intend to non-a investor	to sell ccredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Tinvestor and rchased in State C-Item 2)		Disqual under Sta (if yes, explana waiver	5 Disqualification nder State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No	
AL										
AK										
AZ										
AR										
CA	Х		Common/Preferred \$15,750	1	\$10,500	1	\$5,250		X	
со										
CT	Х		Common/Preferred \$313,583	8	\$185,607	13	\$127,976		Х	
DE										
DC			(D-45-	,						
FL	X		Common/Preferred \$8,050	0	0	2	\$8,050		X	
GA										
HI										
ID							!			
IL			Common/Preferred							
IN	X		\$46,500	2	\$36,750	2	\$9,750		X	
1A										
KS		:					-			
KY										
LA										
ME										
MD			Common/Preferred							
MA	X		\$5,250	0	0	1	\$5,250		X	
MI										
MN										
MS										

	APPENDIX									
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	4 investor and rchased in State C-Item 2)		Disqual under Sta (if yes, explan waiver	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No	
МО										
МТ										
NE										
NV										
NH										
NJ										
NM										
NY										
NC										
ND										
OH										
OK										
OR			Common/Preferred	_		-	200 000			
PA	X		\$350,350 Common/Preferred	6	\$317,500	7	\$32,850		X	
RI	Х		\$44,850	1	\$37,500	2	\$7,350		X	
SC										
SD	X		Common/Preferred	-			\$E 250		X	
TN		1	\$5,250	0	0	1	\$5,250			
TX							100			
VT										
VA	X		Common/Preferred	0	0	1	\$936		X	
WA	^		\$936							
WV										
WI									-	
VV I									<u></u>	

				APP	ENDIX			-		
1	Intend to sell		3 Type of security and aggregate offering price	4 Type of investor and			5 Disqualification under State ULOE (if yes, attach explanation of			
		s in State -Item 1)	offered in state (Part C-Item 1)		amount purchased in State (Part C-Item 2)				waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										